

**UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT**

**FORM B**

For use by candidates and new employees

Period covered: January 1, 2009 - April 30, 2010

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LEGISLATIVE RESOURCE CENTER

2010 MAY 21 PM 12:44

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

MAY 14 2010

(Office Use Only)

Name: Michael Allen Denklay

Daytime Telephone: (563) 508-8686

Filer  
Status



Candidate for the  
House of Representatives

State: Iowa

District: 5

Date of  
Election: 11/2/2010

Check if  
Amendment



**A \$200 penalty shall be assessed  
against anybody who files more  
than 30 days late.**



New officer or  
employee

Employing Office: \_\_\_\_\_

In all sections, please type or print clearly in black ink.

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  
If yes, complete and attach Schedule I.

Yes ☒

No ☐

IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?  
If yes, complete and attach Schedule IV.

Yes ☐

No ☒

II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  
If yes, complete and attach Schedule II.

Yes ☒

No ☐

V. Did you have any reportable agreement or arrangement with an outside entity?  
If yes, complete and attach Schedule V.

Yes ☐

No ☒

III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  
If yes, complete and attach Schedule III.

Yes ☐

No ☒

VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  
If yes, complete and attach Schedule VI.

Yes ☐

No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 8.)

Yes ☐

No ☒

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.

Yes ☐

No ☒

**SCHEDULE I – EARNED INCOME (INCLUDING HONORARIA)**

Name: Michael Allen Denklay

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List the source, type and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

# SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Michael Allen Denklau

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income																										
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For <b>all IRAs</b> and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on <b>each asset</b> in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</p> <p><b>Exclude:</b> Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.</p>		Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.											Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets <b>including all IRAs</b> , indicate the type of income by checking the appropriate box below. <b>Dividends and interest, even if reinvested, should be listed as income.</b> Check "None" if asset did not generate any income during calendar year.					For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <b>including all IRAs</b> , indicate the category of income by checking the appropriate box below. <b>Dividends and interest, even if reinvested, should be listed as income.</b> Check "None" if no income was earned or generated.																										
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Current Year											Preceding Year															
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	Over \$25,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, Examples:	SP Mega Corp. Stock				X								X							Royalties					X											X								
DC,	Simon & Schuster				Indefinite																																							
JT	1st Bank of Paducah, KY accounts					X									X																													
	Blackrock Equity Index H, Stock		X										X								X													X										
	Proshares Ultra S&P 500, stock			X									X				X				X														X									
	Proshares UltraShort MSCI, stock		X														X				X															X								
	Fidelity Diversified International Stock		X										X								X													X										
	Fidelity US Bond Index, stock		X										X								X													X										
	Fidelity Large Cap Stock, Stock		X										X								X													X										

For additional assets and unearned income, use next page.

## Continuation Sheet (if needed)

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